



Application Form

Stepping Stones Childcare Centre

Name	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Date of birth	<input type="text"/>	Town	<input type="text"/>
Gender	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>		
Parent 1 (name)	<input type="text"/>	Parent 2 (name)	<input type="text"/>

Service Applying for: Childcare	Deposit
Monday <input type="checkbox"/>	Registration fee - €70
Tuesday <input type="checkbox"/>	Uniform – €80 (uniform includes 1 set of summer, 1 set of winter and a bag)
Wednesday <input type="checkbox"/>	Total – €150 <input type="text"/>
Thursday <input type="checkbox"/>	
Friday <input type="checkbox"/>	<i>Payments must be made in cash or via bank transfer. Applications will be accepted on a first come first serve basis and must be accompanied by our deposit. Acceptance will be confirmed in writing.</i>
Saturday <input type="checkbox"/>	
Amount of hours per week <input type="text"/>	

Pick up Authorisation

Name the persons authorised to pick up your child. No other person will be able to do so without the parent/guardian's consent. (Kindly include yourself)

Name & Surname	ID Card	Relationship to child

Emergency Contact Details

Please ensure that you include the correct details of the persons who may be contacted in case of an emergency.

Name & Surname	Mobile no.	Fixed line no.

Medical History

Please answer all questions carefully.

1. Does your child have any type of allergy? Yes No

If yes, specify: _____

2. Has your child ever had an operation/injury? Yes No

If yes, please describe: _____

If yes, please specify which month and year it occurred _____

3. Does your child have any specific dietary needs? Yes No

If yes, specify: _____

4. Is your child under any prescribed medicine? Yes No

If yes, specify medicine and dosage intake: _____

Please describe any other health or physical conditions (or any other condition) that we should be informed about:

The data requested will only be processed by the administration of Stepping Stones for the general administration of the centre and for correspondence with participants themselves. Under no circumstances will this data be passed on to commercial parties. All this information is required so that, should the need arise, procedures may be carried out without unnecessary delays. In case of an accident or emergency, stepping stones administration will attempt to contact the person listed in the emergency contact details. If no one can be reached, the responsibility of your child's health will be assumed by the doctor.

Kindly tick the below to give consent to Stepping Stones staff and management: -

<input type="checkbox"/>	We give permission that any images including your child may appear on our Facebook page and website, in printed materials produced for promotional purposes including leaflets, posters and adverts, or in material sent out to media.
<input type="checkbox"/>	We give permission to include your child in group photos or videos sent to all parents of the same classroom on our pro care application.
<input type="checkbox"/>	We give permission to the child care educators/management to provide first aid and take the appropriate measures, including contacting 112 (emergency services) and arranging transportation to the medical facility.
<input type="checkbox"/>	We, the undersigned confirm that we have read carefully and accept policies and procedures included in the Stepping Stones parent handbook.

Kindly attach the following documents to this application –

1. Birth Certificate
2. Immunization Record
3. Prescriptions
4. Parent ID Cards

Parent/Guardian name

Id card

Date

Telephone

Mobile

Workplace

Workplace tel/ext no.

Signatures
Parent 1 - _____
Parent 2 - _____